

**ARIZONA CRIMINAL JUSTICE COMMISSION
RESIDENTIAL SUBSTANCE ABUSE TREATMENT
QUARTERLY ACTIVITY REPORT**

GRANTEE AGENCY: _____

PROJECT TITLE: _____

PROJECT GRANT NUMBER: _____

REPORT PERIOD: ____/____/____ **to** ____/____/____

Please provide the number of offenders admitted to the grant supported treatment program this quarter:

ADULTS

	M	F
White		
Black		
Hispanic		
Native American		
Other		
TOTAL		

JUVENILES

	M	F
White		
Black		
Hispanic		
Native American		
Other		
TOTAL		

Please provide the number of offenders successfully completing the grant supported treatment program this quarter:

ADULTS

	M	F
White		
Black		
Hispanic		
Native American		
Other		
TOTAL		

JUVENILES

	M	F
White		
Black		
Hispanic		
Native American		
Other		
TOTAL		

Please provide:

the number of offenders who dropped out of the program this quarter*	
the number of offenders who were terminated from the program this quarter*	
the average daily population during this quarter	

* If this rate is 25 percent or higher, please provide details on a separate sheet of paper.

Please provide the number of offenders who successfully completed an aftercare program this quarter:

Total Males Adult	
Total Females Adult	
Total Males Juvenile	
Total Females Juvenile	
TOTAL	

Please provide the number of urinalysis test that was completed this quarter.

Total Urinalysis tests completed	
----------------------------------	--

Please include with this report a narrative that includes program highlights, staff activities and issues.

CERTIFICATION: I certify that to the best of my knowledge and belief, this report is correct and complete.

Prepared by: _____ Telephone Number: _____
(Printed Name)

Fax
Number: _____

E-Mail: _____

(Signature)

Certified
by: _____

(Signature of Authorized Official)

(Date)

Revised 6/05